

Veterinary Medical Board

1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



NOTICE TO EMPLOYERS

Return to the Board by: _____
(30 days from effective date)

The registered veterinary technician named below has been placed on probation with the Veterinary Medical Board. As a condition of probation, the registered veterinary technician is required to notify all present and prospective employers of the decision in this case and the terms, conditions, and restrictions imposed. Please complete a separate form for each employer.

Registered Veterinary Technician's name: _____ Registration # _____

Term of probation: From _____ to _____

The Section Below is to be Completed by the Verifying Party

Title: _____ Position: _____

Name of Premise: _____

I have been provided with a true copy of the Accusation or Statement of Issues and the Decision and Order for the registered veterinary technician named above.

☐ Yes ☐ No Date that the documents were provided: _____

Your signature verifies that you have read the Board's Accusation or Statement of Issues and the Decision and Order that places this registered veterinary technician on probation.

Printed Name: _____

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS SHOWN BELOW:

Veterinary Medical Board
Attn: Probation Unit
1747 N. Market Blvd., Suite 230
Sacramento, CA 95834